

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021563850 NAME: Walmart #10-3608 R.P.: Greg Gress ADDR: 6067 N. Ridge Madison, OH 44057	1 of 3	AREA CODE / TELEPHONE NUMBER 440-417-0373	TIME IN 2:00 P.M.	TIME OUT 3:30 P.M.
CAT: III CNTY: Lake	CLASS:	TYPE Chain	FED. # BW9528518	EXP. DATE 5/31/2013
		HOURS OPEN	Walmart Pharmacy 10-3608	
		FAX NUMBER	6067 North Ridge Rd. Madison, OH 44057	

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Gregory Gress		03314221	James Nottle		06008609
Christine VanDeweele		(824)	Kenn Kotrik		03221316
Daniel O'Meara		28092			

- ☐ 1. LICENSING
☐ 2. I.D. CARDS
☐ 3. RECORD SYSTEM
☐ 4. BARRICADE
☐ 5. MIN. STANDARDS
☐ 6. SECURITY
☐ 7. LIBRARY
☐ 8. CLEANLINESS
☐ 9. REFRIGERATION
☐ 10. ACCOUNTABILITY
☐ 11. IMPROPER DISPENSING
☐ 12. INSUFFICIENT SUPERVISION
☒ 13. INVENTORY RECORDS
☐ 14. DRUG DESTRUCTION
☐ 15. ILLEGAL SALES
☐ 16. ILLEGAL PURCHASES
☐ 17. SAMPLES
☐ 20. IMPROPER Rx's
☐ 21. OUTDATED DRUGS
☐ 22. DRUG LABELS
☒ 23. Rx INFORMATION
☐ 24. OTC/SYRINGES
☐ 26. Rx FILES
☐ 27. Rx COPIES
☐ 28. Rx INT/DATE
☐ 29. DEA INVENTORY
☐ 30. PHONED C-II Rx
☐ 31. REFILLS-6MO/5X
☐ 32. REFILLS-INT/DATE
☐ 33. REFILLS-UA
☐ 37. COUNSELING
☐ 38. PSE SALES
☒ 39. OARRS
☐ 40. CONFIDENTIALITY
☒ F ☐ P

1.) OSBP + DEA licenses current and posted. 2.) OK
 3.) Connexus dispensing software version 2.3.18
 Six terminals capable of handling all data
 entry, patient profile searches. WalMart stores
 are connected for patient profile lookup, however
 system is not real time so Rx transfers must only
 be done one time. Daily 4 point check and visual
 verify reports print out - signed by dispensing R.Ph.
 4.) Fully enclosed barricade - see completed barricade
 inspection report 5.) OK 6.) Electronic alarm
 backs up physical barricade. No known thefts
 or significant losses in past 2 years. 7.) R.Ph.
 is able to access OSBP website for Ohio

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Signature of Person in Charge: [Signature] RPH DATE: 1-31-11
 Signature of Inspector: [Signature] DATE: 1/31/11

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



Warranted, and the Court is not aware of any other evidence that would suggest that the defendant is a person who is a member of a criminal organization, or who is a person who is a member of a criminal organization, or who is a person who is a member of a criminal organization.

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2 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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F ☐ P ☐

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PHA-0610 (Rev. 03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

Highly Confidential Subject to Protective
Order

BOP_MDL2802784

WMT-MDL-01418.00004

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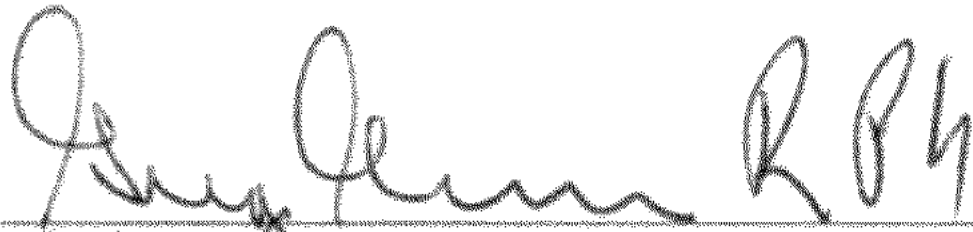

TYPE: DDD#: 021563850 NAME: R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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BOP_MDL2802785

Highly Confidential Subject to Protective
Order

BOP_MDL2802786

WMT-MDL-01418.00006

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>1/31/2011</i>	T.D.D.D. #: <i>020563850</i>
BOARD AGENT: <i>Edwards</i>	D.E.A. #: <i>BW9568518</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Backup to physical barricade*

- ☒ This is a company-owned system.
If no, leased from who? _____
- ☒ This is a ___ HARDWIRE / ___ WIRELESS / ☒ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm - police notified
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☒ Notice of emergency service is posted.

PHA-0611 (Rev. 04/04)

(continued on Page Two > >)

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

[Signature] RPH
(Signature of R.Ph./Owner)

11-31-11 3:30 PM
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature]
(Signature of Board Agent)

Agent
(Title)

Comments:

Fully enclosed barricade with electronic backup alarm.
Three sets of keys possessed by pharmacists plus one set
locked in manager office. Two roll down steel gates plus
single steel entry door with roll down steel window.
Electronic alarm backs up physical barricade

Barricade Approved

Walmart Pharmacy 10-3608
6067 North Ridge Rd.
Madison, OH 44057

PHA-0611 (Rev. 04/04)

ALL PLACE STORE STICKER ON DAMAGED